

SECTION II - SPONSOR INFORMATION

12. SOCIAL SECURITY NUMBER	13. NAME <i>(Last, First, MI)</i>	14. SPONSOR ROLE <input type="checkbox"/> ALLEGED OFFENDER <input type="checkbox"/> NEITHER <input type="checkbox"/> VICTIM
15. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD	<input type="checkbox"/> US PUBLIC HEALTH SERVICE <input type="checkbox"/> NAT'L OCEANIC ATMOS ADMIN (NOAA) <input type="checkbox"/> RETIREE (Any Uniformed Service) <input type="checkbox"/> FEDERAL CIVIL SERVANT <input type="checkbox"/> CIVILIAN (Incl Govt Contr OCONUS)	16. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD
17. RANK/PAY GRADE		

SECTION III - VICTIM INFORMATION

18. FMP	19. SOCIAL SECURITY NUMBER	20. NAME <i>(Last, First, MI)</i>	21. BIRTHDATE <i>(YYYYMMDD)</i>	22. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
23. RACE/ETHNICITY <input type="checkbox"/> WHITE <i>(Not Hispanic)</i> <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE		24. ALCOHOL INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	25. DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	26. DISABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
27. CLINICAL INTERVENTION PROVIDED BY <i>(Choose all that apply)</i> <input type="checkbox"/> FAP PERSONNEL <input type="checkbox"/> NON-DOD PROGRAM <input type="checkbox"/> OTHER DOD PROGRAM <input type="checkbox"/> NO TREATMENT PROVIDED		28. INCIDENT OCCURRED <input type="checkbox"/> ON INSTALLATION <input type="checkbox"/> OFF INSTALLATION		

SECTION IV - ALLEGED OFFENDER INFORMATION

29. SOCIAL SECURITY NUMBER	30. NAME <i>(Last, First, MI)</i>	31. BIRTHDATE <i>(YYYYMMDD)</i>	32. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
33. RACE/ETHNICITY <input type="checkbox"/> WHITE <i>(Not Hispanic)</i> <input type="checkbox"/> BLACK <i>(Not Hispanic)</i> <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE		34. ALCOHOL INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	35. DRUG INVOLVEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
36. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> US PUBLIC HEALTH SERVICE <input type="checkbox"/> NAVY <input type="checkbox"/> NAT'L OCEANIC ATMOS ADMIN (NOAA) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> RETIREE (Any Uniformed Service) <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> FEDERAL CIVIL SERVANT <input type="checkbox"/> COAST GUARD <input type="checkbox"/> CIVILIAN (Incl Govt Contr OCONUS)		37. COMPONENT <input type="checkbox"/> REGULAR <input type="checkbox"/> RESERVE <input type="checkbox"/> GUARD	38. RANK/PAY GRADE
39. MARITAL STATUS <input type="checkbox"/> SINGLE <i>(Never Married)</i> <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY <input type="checkbox"/> WIDOWED		40. CLINICAL INTERVENTION PROVIDED BY <i>(Choose all that apply)</i> <input type="checkbox"/> FAP PERSONNEL <input type="checkbox"/> NON-DOD PROGRAM <input type="checkbox"/> OTHER DOD PROGRAM <input type="checkbox"/> NO TREATMENT PROVIDED	
41. TYPE/SEVERITY OF MALTREATMENT <i>(Enter the corresponding severity code for each type of maltreatment alleged in the incident)</i> 1 = MILD 2 = MODERATE PHYSICAL _____ SEXUAL _____ EMOTIONAL _____ NEGLECT _____ 3 = SEVERE			
42. RELATIONSHIP OF ALLEGED OFFENDER TO VICTIM <i>(Complete EITHER a or b)</i> a. INTRAFAMILIAL <i>(Choose One)</i> <input type="checkbox"/> PARENT <i>(Natural, Step, etc.)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER FAMILY MEMBER b. EXTRAFAMILIAL <i>(Choose One)</i> <input type="checkbox"/> EXTRAFAMILIAL CAREGIVER <input type="checkbox"/> MILITARY CHILD CARE CENTER PERSONNEL <input type="checkbox"/> MILITARY FAMILY CHILD CARE PERSONNEL <input type="checkbox"/> MILITARY YOUTH PROGRAM PERSONNEL <input type="checkbox"/> DOD TEACHER/OTHER DOD SCHOOL PERSONNEL <input type="checkbox"/> OTHER DOD CAREGIVER <input type="checkbox"/> RELATIONSHIP UNKNOWN			

SECTION V - AUTHENTICATING OFFICIAL

43. NAME AND TITLE OF CRC CHAIRPERSON	44. SIGNATURE	45. DATE <i>(YYYYMMDD)</i>
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